

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 4 — 1 0 —

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

12-01-04

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(r)(2) of the Act

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 6 to Attachment 2.6-A

7. FEDERAL BUDGET IMPACT:

a. FFY 2005 \$ -0-b. FFY 2006 \$ -0-9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Same page, Revised 07-01-04, TN# 04-02

10. SUBJECT OF AMENDMENT:

Revision to the maintenance of effort with regard to \$1.00 decrease in State Supplemental  
Payment to SSI recipients.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mike Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

December 17, 2004

16. RETURN TO:

Oklahoma Health Care Authority  
Attn: Jim Hancock  
4545 N. Lincoln, Suite 124  
Oklahoma City, OK 73105

17. DATE RECEIVED:

December 27, 2004

18. DATE APPROVED:

10 FEBRUARY 2005

FOR REGIONAL OFFICE USE ONLY

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 DECEMBER 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

ANDREW A. FREDRICKSON

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR  
DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

c: Mike Fogarty  
Jim Hancock  
Nancy Staffins

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

## STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS

Payment Category  (Reasonable Classification)	Administered by		Income Level				Income Disregards Employed
	Federal	State	<u>Gross</u>		<u>Net</u>		
			1 Person	Couple	1 Person	Couple	
(1)	(2)		(3)		(4)		(5)
Aged		X	Does not exceed 300% of SSI FBR		\$612.00	\$942.00	SSI
Blind		X	Does Not exceed 300% of SSI FBR		\$612.00	\$942.00	SSI
Disabled		X	Does not exceed 300% of SSI FBR		\$612.00	\$942.00	SSI

STATE <u>Oklahoma</u>	A
DATE REC'D <u>12-27-04</u>	
DATE APP'VD <u>2-10-05</u>	
DATE EFF <u>12-1-04</u>	
HCFA 179 <u>04-10</u>	

HCFA 179 04-02

Revised 12-01-04

 TN# 04-10  
 Supersedes  
 TN# 04-02
Approval Date 2-10-05Effective Date 12-1-04